

INTEGRATED AUDIT AND GOVERNANCE COMMITTEE

MINUTES OF THE MEETING HELD ON 9 NOVEMBER 2021 AT 9.00AM In the Boardroom at Wilberforce Court and via Microsoft Teams

PRESENT:

Karen Marshall, Lay Member and Audit Chair, NHS Hull CCG
Jason Stamp, NHS Hull CCG, Lay Member and Vice Chair, NHS Hull CCG
Ian Goode, Lay Member, NHS Hull CCG (*from item 7*)

IN ATTENDANCE:

Kim Betts, Internal Audit Manager, Audit Yorkshire
Nikki Cooper, Local Counter Fraud Specialist, Audit Yorkshire (*up to item 7.4*)
Pam Heaford, Personal Assistant, NHS Hull CCG (*Minute Taker*)
Mark Kirkham, Mazars (External Audit)
Michaela Littlewood, Interim Deputy Director of Nursing & Quality Hull CCG
Michelle Longden, Corporate Affairs Manager (*from item 9.2*)
John Mitchell, Associate Director of IT, Humber CCGs (*for item 3.2*)
Steve Moss, Head of Anti-Crime Services, Audit Yorkshire (*up to item 7.4*)
Mike Napier, Associate Director of Corporate Affairs, NHS Hull CCG
Emma Sayner, Chief Finance Officer, NHS Hull CCG
Danny Storr, Deputy Chief Finance Officer, NHS Hull CCG (*up to item 8.4*)
Rob Walker, Mazars (External Audit)

1. APOLOGIES FOR ABSENCE AND INTRODUCTIONS

Apologies for absence had been received from Deborah Lowe, Acting Director of Nursing and Quality, NHS Hull CCG.

Michaela Littlewood, Interim Deputy Director of Nursing and Quality was welcomed to the meeting and introductions were made. Michaela, who was currently on secondment from the Yorkshire Ambulance Service to Hull CCG until the end of March 2022, informed members that she was attending the meeting as part of Deborah Lowe's role to cover some of the risks and actions.

John Mitchell, Associate Director of IT for the four Humber CCGs was also welcomed to the meeting. John would be providing an update at item 3.2

2. MINUTES OF THE PREVIOUS IAGC MEETING HELD ON 7 SEPTEMBER 2021

The minutes of the Integrated Audit and Governance Committee (IAGC) meeting held on 7 September 2021 were submitted for approval. It was agreed that these were a true and accurate record of the meeting.

Resolved:

(a)	Members of the Integrated Audit and Governance Committee approved the minutes of the meeting held on 7 September 2021 as a true and accurate and these would be signed by the Chair.
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3. MATTERS ARISING

3.1 ACTION LIST

The Action List from the meeting held on 7 September 2021 was presented for information and noting. The risk actions would be picked up later in the meeting under the Risk Register update.

3.2 UPDATE ON THE IMPLEMENTATION OF LEARNING FROM A RECENT DESKTOP EXERCISE AROUND BUSINESS CONTINUITY MANAGEMENT (BCM)

The Chair advised that both herself and Ian Goode had attended the above desktop exercise and, as Lay Members, had requested to see the learning from it. In response to a request made at the September IAGC, John Mitchell - Associate Director of IT, had been invited to the meeting in order to provide an update.

A short presentation which had been jointly put together by the Associate Director of Corporate Affairs and the Associate Director of IT was shared.

The Associate Director of Corporate Affairs advised that, in relation to BCM, the responsibility of CCGs as Category 2 responders was to keep the essential functions of the organisation running in the light of disruption. The CCG had a BCM strategy and plan in place which identified all functions and services delivered by the CCG, rating the level of importance of each and the actions to be taken if there was disruption.

In terms of CCG threats which included the building and reputational risk, these also included IT, infrastructure and technology as a key risk in terms of on-going threats to the CCG.

The Associate Director of IT explained that the purpose of the day had been to get people thinking about the impact of digital. He advised that, particularly with the support of N3i over the last two years, some real progress had been made around making sure that all infrastructure was centrally managed and as secure as possible.

He then went on to provide an update on the digital mitigations in place which aligned to the actions that had been identified from the desktop exercise.

The Chair was assured by the update provided in terms of the digital solution but sought further assurance that the people that needed to motivate and lead at that point would know what to do. The Associate Director of IT advised that, as part of the Director-on-call pack, there was a specific flow chart that was dedicated to IT which highlighted the process to go through, questions to ask and contact details.

The Chair thanked both the Associate Director of IT and the Associate Director of Corporate Affairs for the update provided and a copy of the presentation would be shared outside the meeting.

Resolved:

(a)	The Action List from the meeting held on 7 September 2021 was noted,
(b)	the update provided by John Mitchell and Mike Napier around the plans and digital mitigations in place in relation to BCM was noted, and
(c)	a copy of the presentation given under item 3.2 would be circulated.

4. NOTIFICATION OF ANY OTHER BUSINESS

Any proposed item to be taken under Any Other Business must be raised and, subsequently approved, at least 24 hours in advance of the meeting by the Chair.

There were no matters of any other business to be discussed at this meeting.

Resolved:

(a)	There were no matters of any other business to be discussed at this meeting.
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5. DECLARATIONS OF INTEREST

In relation to any item on the agenda of the meeting, members were reminded of the need to declare:

- (i) any interests which are relevant or material to the CCG;
- (ii) any changes in interest previously declared; or
- (iii) any financial interest (direct or indirect) on any item on the agenda

Any declaration of interest should be brought to the attention of the Chair in advance of the meeting, or as soon as they become apparent in the meeting. For any interest declared, the minutes of the meeting must record:

- (i) the name of the person declaring the interest;
- (ii) the agenda item number to which the interest relates;
- (iii) the nature of the interest;
- (iv) be declared under this section and at the top of the agenda item which it relates to;

Name	Agenda Item No	Nature of Interest and Action taken
Jason Stamp		Declared a Financial Interest in his role as Senior Responsible Officer for the Voluntary Sector Leadership Programme in the ICS. There were no decisions required to be made at this meeting relating to the ICS and therefore no further action was required to be taken and the declaration was noted.
Jason Stamp	9.6	Declared a financial interest in the following three areas of procurement: <ul style="list-style-type: none">• Social Prescribing and Welfare Advice in Primary Care• Financial Interest in VCSE Leadership• Financial Interest in Green Social Prescribing The paper was for information and no decisions were required to be made at this meeting and therefore no further action was required to be taken and the declaration was noted.

Resolved:

(a)	The above declarations of interest were noted. No further action was required to be taken.
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6. EXTERNAL AUDIT

6.1 EXTERNAL AUDIT REPORT

Rob Walker, Mazars LLP, presented the External Audit Progress Report for information.

In relation to the Annual Accounts 2021/22, IAGC Members were advised that initial planning had commenced. The Audit Strategy Memorandum, which would be covered in the next agenda item, set out the risks, approach and timing of their work

Details of relevant national publications had been provided for information.

Assurance:

The Board can be assured that initial planning in relation to the Annual Accounts 2021/22 had commenced.

Resolved:

(a)	Integrated Audit and Governance Committee members noted the External Audit Progress Report and the update provided
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6.2 AUDIT STRATEGY MEMORANDUM 2021/22

Mark Kirkham, Mazars LLP, presented the Audit Strategy Memorandum (ASM) for NHS Hull CCG for the year ending 31 March 2022 for consideration.

The ASM set out the audit scope, approach and timeline for their opinion and value for money arrangements work including the initial risks identified.

The significant risks and other key judgement areas identified at this stage of the audit were:

- Management override of controls
- Related party transactions

It was reported that, as this would be the CCG's final year of operation and statutory functions were to be taken on by a new body, there was a potential that disruption and uncertainty may affect the control environment and they would be mindful of any new audit risks which may present and would update accordingly.

The Chief Finance Officer reported that, whilst we were in the process of transition, we would need to make sure that we continued to respond to the needs of the audit as we progressed through the year. She was not anticipating any issues for Hull CCG but advised that capacity across the CCGs in the ICS was something we would need to be mindful of as we were having to provide mutual aid to each other as people took choices to do other things in these uncertain times. Members were advised that this was something which was being closely monitored and both external audit colleagues were aware of this potential risk.

Jason Stamp added that, whilst recognising the importance of the capacity issue, the ability to maintain standards was important whilst ensuring that ‘business as usual’ continued to be the priority.

The Chief Finance Officer advised that the ask of individuals was increasing as people were being pulled in different directions to lead on other large pieces of planning/transition work which was taking up increasing amounts of time on top of already busy statutory roles. As an IAGC, a decision had been taken to scale back as much as we could do and only do business that required us to remain safe as we moved through the next few months. The Chair, whilst recognising these pressures, stated that we were committed to doing the right thing to hand over this organisation in the right way on 31 March 2022.

The Associate Director of Corporate Affairs added that the due diligence process and the readiness to operate preparations were comprehensive processes and it was the intention that, once there was confirmation of who the new Audit Chair designate would be, there would be some facilitated sessions between existing CCG Audit Chairs and the incumbent.

Jason Stamp, who sat on the Regional Transitional Oversight Group, advised that the two big risks were capacity and loss of organisational memory.

The Chief Finance Officer took this opportunity to advise that there was a real desire to keep continuity of external audit as we moved forward and work was progressing across the HCV ICS to retain continuity of external audit provision through Mazars, led by Jane Hawkard at North Yorkshire CCG.

Assurance:

The Board can be assured that Mazars had issued an Audit Strategy Memorandum (ASM) for Hull CCG, for the year ending 31 March 2022. The ASM set out the audit scope, approach and timeline for their opinion and value for money arrangements work which included the initial risks identified. As this would be the CCG’s final year of operation and statutory functions were to be taken on by a new body, there was a potential that disruption and uncertainty may affect the control environment and they would be mindful of any new audit risks which may present and would update accordingly.

Work was progressing across the HCV ICS to retain continuity of external audit provision through Mazars, led by Jane Hawkard at North Yorkshire CCG.

Resolved:

(a)	Integrated Audit and Governance Committee members considered and noted the contents of the Audit Strategy Memorandum (ASM) for Hull CCG for the year ending 31 March 2022 which included the initial risks identified.
(b)	Should the control environment be affected as the CGG approached closedown and transition to a new organisation, this would be updated with any new audit risks presented

Ian Goode, Lay Member, NHS Hull CCG joined the meeting

7. INTERNAL AUDIT

7.1 INTERNAL AUDIT PROGRESS REPORT

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Progress Report to update the Committee on progress against the 2021/22 Internal Audit Plan.

It was reported that, as the Plan now consisted of audits due in Quarters 3 and 4 only, this had resulted in no final reports being issued since the last meeting. Work had therefore begun on all Quarter 3 audits contained within the Plan.

A lot of the work currently being carried out was mandated work which was required to be undertaken and it was reported that the CCG was working well with Audit Yorkshire on this and no issues to date had been identified.

Whilst also being mindful of the fact that 'business as usual' continued for the CCG, work on the Humber Coast and Vale Integrated Care System (HCV ICS) was on-going and this had been split into two distinct areas with the following leads:

- The creation of the Integrated Care Board - Chris Boyne, Deputy Director
- The closing down of the CCG and the transition into Place – Kim Betts, Audit Manager.

Assurance was provided that, for each of the audits, consideration would be given to the following five key areas:

- Roles and responsibilities – to ensure that these did not become unclear or inadequately defined
- Governance arrangements for the year end
- Staff reductions – which could lead to weakening of controls, proper segregation of duties between functions would need to be ensured
- Loss of staff – consideration would need to be given to loss of key skills
- Supervisory checks – to ensure these were not being overlooked

Consideration would also be given to any recommendations made now to determine if they would be relevant in the future arrangements.

It was proposed that the time previously allocated for the Better Care Fund audit which was no longer taking place be transferred to the work on the ICS which was where the key risks for the CCG would be from now until the end of March 2022. This was agreed.

Assurance:

The Board can be assured that work had begun on all Quarter 3 audits contained within the 2021/22 Internal Audit Plan.

It was agreed that the time previously allocated for the Better Care Fund audit which was no longer taking place be transferred to the work on the ICS which was where the key risks for the CCG would be from now until the end of March 2022.

Consideration would be given to any recommendations made now to determine if they would be relevant in the future arrangements.

Resolved:

(a)	Integrated Audit and Governance Committee Members reviewed and noted the progress made by Audit Yorkshire against the 2021/22 Internal Audit Plan, and
(b)	IAGC members agreed for the time previously allocated for the Better Care Fund audit to be transferred to the work on the ICS.

7.2 INTERNAL AUDIT RECOMMENDATION TRACKING REPORT

Kim Betts, Internal Audit Manager, Audit Yorkshire, presented the Internal Audit Recommendation Tracking Report which covered the period 20 October 2020 – 20 October 2021.

It was reported that there were currently no overdue recommendations. There were currently three outstanding recommendations, for which revised target dates had been agreed.

The Chief Finance Officer proposed that, in relation to the recommendation around partnership working with the Local Authority and ICOB ToR, we were now in a position to close this recommendation as this was now being consumed in the new established Place arrangements. The IAGC supported this proposal which would need to go through a process of recommendation for closure.

The Chief Finance Officer took this opportunity to remind Members that the contract for Audit Yorkshire ran until 2024 and, rather than having to go through a process to formally re-establish that arrangement, the intention was that there would be a process of formal novation to provide continuity of all parts of the service currently being provided.

Resolved:

(a)	IAGC Members reviewed and noted the progress made on the implementation of agreed audit recommendations;
(b)	the IAGC supported the proposal to close the recommendation around partnership working with the Local Authority and ICOB ToR, and
(c)	it was noted that as the contract with Audit Yorkshire ran until 2024, it was the intention that there would be a process of formal novation to provide continuity of all parts of the service currently being provided

7.3 COUNTER FRAUD PROGRESS REPORT

Nikki Cooper, Local Counter Fraud Specialist (LCFS) for Audit Yorkshire, presented the Counter Fraud Progress report for information.

The report, which was in a revised format, was taken as read and the following key areas were highlighted:

A further two editions of the Counter Fraud Newsletter had been issued and these had been appended to the report for information.

There had been a lot of Interest in the Fraud Prevention Masterclasses and additional sessions had been added. A cyber security masterclass would be launched in December and would be promoted to all staff

International Fraud Awareness Week would be taking place from 14-20 November 2021 and this would be marked with the issue of more information, videos and publicity to capture peoples' attention and get them thinking about counter fraud.

A summary of Alerts Issues had been provided, all of which had related to local issues.

Referral Benchmarking had been provided for information

Days used to deliver the Counter Fraud Plan 2021/22 were on target to finish at the end of the year.

Work planned for the next quarter provided an overview of the work that would be carried out in the forthcoming months.

In relation to the fraud prevention masterclasses particularly with the growing increase in electronic fraud, Ian Goode questioned whether, rather than just encouraging staff to attend, there was an opportunity to make this training mandatory. The Chief Finance Officer, although in agreement, felt that the practicalities and timing issue for this organisation were prohibitive. The Associate Director of Corporate Affairs suggested that, in addition to encouraging staff to attend these sessions, a recommendation be made to the Audit Committee of the ICB that they mandate this training so that it got picked up after April as a new organisation. The Chair was in agreement with the proposal to make a recommendation to the ICB Audit Committee to mandate this training going forward.

The Associate Director of Corporate Affairs advised that, with regard to the three areas of the Counter Fraud Functional Standard Return for 2020/21 where the CCG had self-assessed itself as 'Red' – these were matters beyond the CCGs' control as we had been dependant on the NHSCFA giving us the information in order to enable us to self-assess. The Head of Anti-Crime Services, Audit Yorkshire was in full agreement and advised that this had been included in order to be honest and transparent. He further advised that these standards had been taken into consideration when developing the Counter Fraud Plan for 2021/22 and measures had been built in order to be compliant with these.

Assurance:

The Board can be assured from the Annual Counter Fraud Progress Report by the amount of counter fraud awareness work that continued to take place.

There had been a lot of Interest in the Fraud Prevention Masterclasses and additional sessions had been added. A cyber security masterclass would be launched in December and would be promoted to all staff.

International Fraud Awareness Week would be taking place from 14-20 November 2021 and this would be marked with the issue of more information, videos and publicity to capture peoples' attention and get them thinking about counter fraud.

Resolved:

(a)	Integrated Audit and Governance Committee Members duly noted the contents of the Counter Fraud Progress Report and the update provided, and
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(b)	in relation to the Fraud Prevention Masterclasses, a recommendation would be made, in due course, to the ICB Audit Committee to mandate this training going forward.
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7.4 NHS VIOLENCE PREVENTION AND REDUCTION UPDATE

A paper, produced by Shaun Fleming the Local Security Management Specialist, set out an update against work required to meet the NHS Violence Prevention and Reduction Standard and gain assurance/ensure compliance by the organisation.

The paper was taken as read and the update noted.

The Associate Director of Corporate Affairs reported that there had been another recent incident in the car park at Wilberforce Court involving the theft of a high value cycle. He advised that he would be contacting Shaun to request an updated risk assessment to see if there were any other mitigating measures that could be taken to ensure staff safety. The Head of Anti-Crime Services advised that he would speak to Shaun following the meeting to see what steps could be taken to reduce any potential risks.

Assurance:

The Board can be assured that work required to meet the NHS Violence Prevention and Reduction Standard and gain assurance/ensure compliance by the organisation was taking place.

Following a recent incident in the car park at Wilberforce Court involving the theft of a cycle, the Local Security Management Specialist would be requested to carry out an updated risk assessment to see if there were any other mitigating measures that could be taken to ensure staff safety and reduce any potential risks.

Resolved:

(a)	The Integrated Audit and Governance Committee noted the content of the NHS Violence Prevention and Reduction Update, and
(b)	the Local Security Management Specialist would be requested to carry out an updated risk assessment, following an incident in the Wilberforce Court car park to see if there were any other mitigating measures that could be taken to ensure staff safety.

The Local Counter Fraud Specialist and the Head of Anti-Crime Services, Audit Yorkshire left the meeting

8. FINANCIAL GOVERNANCE

8.1 FINANCE REPORT

The Chief Finance Officer and Deputy Chief Finance Officer presented the Finance Report to update the committee on the CCGs 2021/22 financial position, as at the 30 September 2021 under the current temporary financial regime.

The Chief Finance Officer advised that this marked the end of H1 and we were now 5/6 weeks into H2. It was reported that the CCG had delivered against the H1 Plan that had been set out in the first quarter of the year. In terms of H2, work was currently taking place to combine and put together a financial plan across the entire Humber

system which comprised of: the 4 CCGs, HUTHT, NLaG, Humber FT, CHCP, Navigo and all primary care providers included within the CGG expenditure plans. Many of the features of H1 had transcended into H2 but there were some notable differences to try and prevent some of the unintended consequences of what had happened in H1 which were taking time to track through. There were also many streams of funding coming through which were, in the main, flowing through different commissioners for different things. Emma Sayner was holding the ring on the Humber-wide part of the ICS and Jane Hawkard was holding the ring on the North Yorkshire and York part of the system. They were also starting to see the emergence of sector-specific Provider Collaboratives taking leadership roles on the use of the resources coming through commissioners so the level of complexity was challenging.

The deadline for the submission of the H2 Plan into the national team was 16 November 2021 which would also include a description of the forecast underlying impact. The Chief Finance Officer reported that she was anticipating that she would be declaring a balanced plan for Humber.

Members were advised that the underlying pressure that had come on the back of the pandemic would mean that there would be a significant bill coming out of this financial year into the future and all NHS CFOs and FDs had been called to a briefing with Julian Kelly (Chief Financial Officer NHSE/NHSI) on 16 November for an update on the future financial framework for 2022/23.

It was further reported that the money was not the constraint for this financial year for the delivery of winter, system pressure and elective recovery – the major constraint was workforce availability.

The Audit Chair was assured by the Chief Finance Officer that NHS Hull CCG would achieve its statutory duties from a financial perspective.

The Deputy Chief Finance Officer stated that one of the main challenges with all the extra pots of money and the workforce recruitment was that there was no guarantee of how recurrent this money was which made it difficult to recruit to permanent posts.

Assurance:

The Board can be assured, that the CCG had delivered against the H1 Plan that had been set out in the first quarter of the year. In terms of H2, work was currently taking place to combine and put together a financial plan across the entire Humber system which comprised of: the 4 CCGs, HUTHT, NLaG, Humber FT, CHCP, Navigo and all primary care providers included within the CGG expenditure plans. The deadline for the submission of the H2 Plan into the national team was 16 November 2021 which would also include a description of the forecast underlying impact. The Chief Finance Officer reported that she was anticipating that she would be declaring a balanced plan for Humber.

Resolved:

(a)	Integrated Audit and Governance Committee Members considered and noted the CCG's financial position, as at the 30 September 2021 under the current temporary financial regime and the update provided,
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8.2 LOSSES AND SPECIAL PAYMENTS

There were no losses or special payments to report

The Chief Finance Officer took this opportunity to announce that Hull CCG had recently won the regional HFMA Y&H Finance Team of the Year award. The Chair congratulated the Deputy Chief Finance Officer and his team for this well deserved achievement.

8.3 PRIMARY CARE REBATE SCHEMES

The IAGC were requested to approve the following three Primary Care Rebate Schemes. Members were advised that the schemes had been submitted to the Planning and Commissioning Committee meeting on 1 October 2021 for consideration and endorsement who had subsequently recommended that the IAGC approve these.

8.3i PRIMARY CARE REBATE SCHEME – FOSTAIR NEXTHALER

8.3ii PRIMARY CARE REBATE SCHEME – FOSTAIR PMDI

8.3iii PRIMARY CARE REBATE SCHEME – SEREFLO INHALER

The IAGC formally approved the Primary Care Rebate Schemes for Fostair NEXThaler, Fostair PMDI and Sereflo Inhaler.

Assurance:

The Board can be assured that, following endorsement by the Planning and Commissioning Committee, the Integrated and Audit Committee had approved the Primary Care Rebate Schemes for Fostair NEXThaler, Fostair PMDI and Sereflo Inhaler.

Resolved:

(a)	On the recommendation of the Planning and Commissioning Committee, the Integrated Audit and Governance Committee formally approved the Primary Care Rebate Schemes for Fostair NEXThaler, Fostair PMDI and Sereflo Inhaler.
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8.4 COST SAVINGS ACHIEVED FROM PRIMARY CARE REBATE SCHEMES WITH HULL CCG

Following a request made at the previous IAGC meeting, a table detailing the cost savings received by Hull CCG on the back of the Primary Care Rebate Schemes had been circulated for information.

Resolved:

(a)	The Integrated Audit and Governance Committee noted the cost savings achieved by Hull CCG through the Primary Care Rebate Schemes.
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Danny Storr, Deputy Chief Finance Officer, left the meeting.

9. GOVERNANCE

9.1 WAIVING OF PRIME FINANCIAL POLICIES

IAGC Members were presented with details of the following approved tender waiver for information:

- **System Collaboration within Integrated Care Systems:**

- **System Leadership Workshops for Engaging with Complexity**

- Proposed Provider: Resolved Consultants Limited

- Contract value: £7,020 – costs to be recharged to the NHS Leadership Academy

- Contract Period: 1 October 2021 – 21 March 2022

The IAGC duly noted the above approved tender waiver.

Assurance:

The Board are advised that the IAGC had noted the approved tender waiver in respect of System Leadership Workshops for Engaging with Complexity,

Resolved:

(a)	IAGC Members noted the approved tender waiver for System Leadership Workshops for Engaging with Complexity.
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Michelle Longden, Corporate Affairs Manager joined the meeting

9.2 CORPORATE RISK REGISTER

The Associate Director of Corporate Affairs presented the latest Corporate Risk Register for consideration and approval and the following update was provided:

Current Risks on the Risk Register

There were 18 risks within the risk register that had a current risk rating of high or extreme and were therefore included within the report. 16 risks were rated as high risks and 2 risks as extreme.

In addition, there were 5 further risks on the report as follows:

- Following the IAGC request at the previous meeting that Risks 911, 962 and 927 should remain on the Risk Register until new risks had been re-cast.
- Risks 929 and 940 remain on the Risk Register (in the grey area for one more meeting)

These risks had been included at the bottom of the report shaded in grey.

Changes to the Risk Register

Risk 919 had been assessed by the risk owner as having an increased risk rating from a previously Low Risk 3 to an Extreme Risk 15.

New Risks

The following new extreme risk had been added to the Risk Register:

Risk 969 – which consolidated some of the previous risks that were scheduled to be closed, had also been rated as a high risk

Closed risks

There were no risks submitted for request to closure.

The following comments were made:

The Chair advised that there was an action from the last meeting for both herself and Deborah Lowe to meet to discuss whether Risks 962 and 927 should remain on the Risk Register in the grey area. Unfortunately, although they had met, no conclusion had been arrived at.

Michaela Littlewood, Interim Deputy Director of Nursing & Quality, advised that there were a couple of risks which she would like to gain a greater understanding of, one of which was Risk 927 which related to e-coli and infection control.

It was agreed that the action for Risks 962 and 927 would be left open and the Chair advised that she would continue the discussion with Michaela outside of the meeting in order for these risks to be resolved for the next meeting

Jason Stamp stated that there was a timing issue as, at a recent Quality and Performance Committee meeting, some of the risks had been re-cast to replace existing risks

In relation to the new Risk 969, Jason Stamp stated that this risk had not been through the Quality and Performance Committee, and it would need to be picked up and debated there first before it could be accepted onto the Risk Register.

The Chair expressed her disappointment that these risks were related to partners and provider partners, a large proportion of which related to the Local Authority. She commented that, whilst we kept being reassured that everything was working well, Continuing Healthcare appeared in several formats on this risk register and questioned why we hadn't seen it coming and what had we done about in the meantime as this was about services to one our most vulnerable cohorts of people. She further commented that, in terms of Risk 929 which was in the grey area on the Risk Register, this risk had been identified as ready to come off the Risk Register but was suddenly escalated into an extreme risk. This risk would therefore need to remain on the Risk Register until there was something appropriate to go in its' place.

Jason Stamp requested that Phil Davis be asked to re-look at Risk 902 which was around a resilient Primary Care workforce as he felt that 'high risk' did not cover where we currently were with the Primary Care workforce. The Associate Director of Corporate Affairs agreed and felt that the risk itself had changed from what it was originally anticipated to be to what it was now. This would be picked up outside of the meeting in advance of it going to the Primary Care Commissioning Committee.

The Associate Director of Corporate Affairs advised that, in relation to transition, the risk approach was something that still had to be worked through, and the relationship between the full ICB risk framework, strategy, etc and Place based risk was going to be critical. Moving forward, the ICB could only gain its' assurance from the continued thorough operation at Place level. This also highlighted the critical role of the committees as we were preparing for closedown, particularly in relation to those risks

that naturally lend themselves to their areas and it would be important to ensure that the risks were appropriately articulated and remained fit for purpose as and when they escalated to the ICB level.

Jason Stamp questioned whether, following earlier discussion around capacity, staff potentially leaving the organisation and loss of organisational memory, this was something that would need to be articulated as a risk to the CCG. The Associate Director of Corporate Affairs agreed and suggested that this form a specific section within the Risk Register so that it was a clear and distinct as it was a significant risk which would need to be considered.

Assurance:

The Board can be assured that systems and processes are in place to identify and manage risks on the Risk Register. The IAGC are kept updated on any movements, provided with the opportunity to review and comment and approve the removal of any risks from the Risk Register.

Risk 902 would be reviewed to ensure it accurately reflected the current Primary Care Workforce risk prior to it going to the Primary Care Commissioning Committee.

Risk to the CCG around capacity and loss of organisational memory would form a specific section within the Risk Register

Resolved:

(a)	The continued work to monitor and update the risks on the Risk Register was noted;
(b)	The action in relation to Risks 962 and 927 would remain open and further discussion would take place between the Chair and Michaela Littlewood outside the meeting in order for this to be resolved for the next IAGC meeting
(c)	The new Risk 969 would need to be picked up and debated at the Quality and Performance Committee before it could be accepted onto the Risk Register.
(d)	Risk 929 should remain on the Risk Register until there is something appropriate to go in its' place
(e)	Risk 902 would be picked up with Phil Davis outside of the meeting to ensure it accurately reflected the current Primary Care Workforce risk prior to it going to the Primary Care Commissioning Committee.
(f)	Risk to the CCG around capacity and loss of organisational memory would form a specific section within the Risk Register

9.3 BOARD ASSURANCE FRAMEWORK 2021/22

The Associate Director of Corporate Affairs presented the latest version of the Board Assurance Framework (BAF) which contained the current position against the assessed risks to the CCG's 2021/22 strategic objectives. Comprehensive updates had been provided against each of the risk areas within the strategic objectives for information.

The Chair asked if the CCG Self-Assessment that had been completed in readiness for delegation would be coming to the Board. The Chair was advised that the Chief Operating Officer had made reference to this at a recent Board Development session. Jason Stamp suggested that the Board would perhaps need to formally approve this.

He also went on to say that there needed to be an understanding of what we needed to be doing to support transition from a Hull perspective and also where we needed to be informed of things that were happening elsewhere.

Resolved:

(a)	IAGC Members noted the contents of the BAF and the update provided
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9.4 ASSURANCE UPDATE IN RELATION TO CLOSE-DOWN AND TRANSITION

The Associate Director of Corporate Affairs provided a verbal update for this item.

Members were advised that there were a number programme groups and workstreams that continued to operate at the three different levels of the potential new system: Full ICB/ICS, a Transition Programme Group led by Karina Ellis, Director – Strategy and Partnership Development, HC&V H&CP, supported by NECS as a programme team, who were looking at the full spectrum of readiness to operate statements and domains that the ICB needed to be able to evidence for NHSE, This group also picked up the due diligence work and met on a weekly basis. Alongside this there was a specific Governance Leads group in relation to the formal steps: the Constitution, the Scheme of Reservation and Delegation, Standing Orders and the wider policy framework for governance in relation to the things that needed to be in place from 1 April 2022. This group also met weekly and was chaired by the Interim Director of Finance, Mark Bradley.

It was reported that the first draft Constitution was expected to be out imminently and various leads across the six CCGs were picking up different aspects of work. Finance, HR and other key programme areas were also working on a HC&V footprint level and were at various stages of development. At Humber level, the Humber-wide Directors continued to meet on a weekly basis and also picked up transition. The System Development Group was a subset of this group which picked up in greater detail some specific aspects of preparation. Members were advised that, at CCG level, because the due diligence document was CCG-specific, there would be six autonomous documents signed by their respective Accountable Officers, these would then get handed over to Sue Symington at the ICB. Task and Finish Groups had also been set up at CCG level. The formal deadline for handover of the document was late February 2022 but the intention was to have this well advanced by the New Year.

In relation to the wider aspects, it was reported that Sue Symington had been confirmed as Chair designate for the ICS and a recommendation on the appointment of a Chief Executive had gone to NHSE but confirmation was still awaited. The adverts for the two proposed Non-Executive Director posts were expected to go out imminently and it was the intention that all Lay Members in the system would be alerted to those vacancies and it would be an open recruitment process via a recruitment agency. The recruitment process for the Executive roles would run from November through to December 2021.

Members were advised that a more structured update would be brought to the January 2022 IAGC meeting.

Assurance:

The Board can be assured that the IAGC continued to be provided with an update on the range of work that was gathering pace for both close-down and transition to the

new organisation. A number of programme groups and workstreams continued to operate at different levels of the new system and the first draft Constitution was expected to be out imminently and various leads across the six CCGs were picking up different aspects of work.

The formal deadline for handover of the CCG due diligence document was late February 2022 but the intention was to have this well advanced by the New Year.

Resolved:

(a)	The verbal update on progress in relation to close down and transition was noted, and
(b)	a more structured update would be brought to the January 2022 meeting

9.5 DECLARATION OF GIFTS AND HOSPITALITY REPORT

The purpose of this report was to present the declarations of gifts and hospitality made since the last report to the Integrated Audit and Governance Committee (IAGC) meeting held on 11 May 2021.

Members noted the two declarations of gifts and hospitality which had been accepted in line with CCG Policy

Assurance:

The Board can be assured that the CCG maintains a register of all declarations of gifts and hospitality which is regularly reviewed by the IAGC. Two declarations had been made since the last report to the IAGC which had been in line with CCG policy

Resolved:

(a)	IAGC members noted the declaration of gifts and hospitality made.
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In relation to the next agenda item, Jason Stamp declared a financial interest in the following three areas of procurement:

- Social Prescribing and Welfare Advice in Primary Care
- VCSE Leadership
- Green Social Prescribing

As the paper was for information and no decisions were required to be made, the declaration was noted and no further action was required to be taken.

9.6 PROCUREMENT PANEL ASSURANCE UPDATE

Jason Stamp declared a financial interest in the following three areas of procurement:

- Social Prescribing and Welfare Advice in Primary Care
- Financial Interest in VCSE Leadership
- Financial Interest in Green Social Prescribing

The paper was for information and no decisions were required to be made at this meeting and therefore no further action was required to be taken and the declaration was noted.

The Chief Finance Officer presented this update which had been produced by Joy Dodson – Deputy Chief Finance Officer and the report was taken as read.

The Chair queried a couple of date anomalies within the report, namely:

- the CORRS direct award had a start date but no finish date, and
- the direct awards for Primary Care Health and Wellbeing Front of House Support and the Primary Care Health and Wellbeing Deeper Conversations and Peer Mentoring had a start date of August 2021 and an end date of March 2021.

These would be picked up and amended.

The Chair also questioned, in relation to current CCG Procurement Activity, what the Corporate Services provided by CHCP CIC were and she was advised that this related to safeguarding.

It was anticipated that contracts would novate through transition into the new system as they related to core business.

The Chief Finance Officer advised that, in relation to transition, one of the biggest challenges and areas of business was getting the current contracts and financial flows transferred safely from day one to ensure that the cash flowed from 1 April 2022 from the single ICS bank account.

Assurance:

The Board can be assured that the IAGC are regularly updated in respect of procurement activity.

It was anticipated that contracts would novate through transition into the new system as they related to core business.

Resolved:

(a)	The IAGC noted the update provided in respect of procurement activity during the period April 2021 to September 2021.
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9.7 POLICIES

Approval of the following policies was sought from the Committee:

9.7.1 ON-CALL POLICY REVIEW

9.7.2 EXTENSION OF REVIEW DATES FOR THE HEALTH AND SAFETY POLICIES

9.7.3 EXTENSION OF EXISTING FINANCE POLICIES AND PROCEDURES

9.7.4 INFORMATION GOVERNANCE POLICIES

The IAGC approved all the above policies/extensions.

Resolved:

(a)	The IAGC approved the following policy reviews and extensions: <ul style="list-style-type: none">• On-call Policy Review
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	<ul style="list-style-type: none">• Extension of review dates for Health and Safety Policies• Extension of existing Finance Policies and Procedures• Information Governance Policies
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9.8 HEALTH, SAFETY AND SECURITY GROUP ACTION NOTES

There were no approved action notes to bring to this meeting.

9.9 QUALITY AND PERFORMANCE COMMITTEE MINUTES – the minutes of the meeting held on 20 August 2021 were noted.

9.10 PRIMARY CARE COMMISSIONING COMMITTEE MINUTES – the minutes of the meeting held on 25 June 2021 were noted

9.11 PRIMARY CARE QUALITY AND PERFORMANCE SUB-COMMITTEE MINUTES - the minutes of Parts 1 and 2 of the meeting held on 13 July 2021 were noted.

9.12 PLANNING AND COMMISSIONING COMMITTEE MINUTES - the minutes of the meetings held on 6 August 2021 were noted.

9.13 COMMITTEES IN COMMON MINUTES – the minutes of the meeting held on 28 July 2021 were noted.

9.14 INFORMATION GOVERNANCE STEERING GROUP ACTION NOTES - the action notes of the meeting held on 1 September 2021 were noted.

With regard to the AOB item in relation to the Primary Care Data Quality Service coming back in house, the Chair sought assurance that the CCG would have the capacity to deal with this and the appropriate process and infrastructure to keep it safe. The Corporate Affairs Manager would provide the Chair with a brief feedback outside of the meeting.

10. GENERAL

10.1 ANY OTHER BUSINESS

No items of Any Other Business were discussed at this meeting.

10.2 DATE AND TIME OF NEXT MEETING

The next meeting of the IAGC would be held on **Tuesday 11 January 2022**, at 9.00am.



Signed: Karen Marshall

Chair of the Integrated Audit and Governance Committee

Date: 11 January 2022

ABBREVIATIONS	
AAR	Auditor's Annual Report
ACR	Audit Completion Report
AGS	Annual Governance Statement
AIC	Aligned Incentive Contract
ASM	Audit Strategy Memorandum
BAF	Board Assurance Framework
BCF	Better Care Fund
CFA	Counter Fraud Authority
CFFSR	Counter Fraud Functional Standards Return
CFS	Counter Fraud Specialists
CHC	Continuing Healthcare
CHCP	City Healthcare Partnership CIC
CiC	Committees in Common
CoI	Conflicts of Interest
CYP	Children and Young People
EPRR/BCM	Emergency Preparedness Resilience and Response Business Continuity Management
ERY CCG	East Riding of Yorkshire CCG
FoI	Freedom of Information
GDPR	General Data Protection Regulation
HoIAO	Head of Internal Audit Opinion
HS&SG	Health, Safety and Security Group
HUTHT	Hull University Teaching Hospitals NHS Trust
IAGC	Integrated Audit and Governance Committee
ICB	Integrated Care Board
ICC	Integrated Care Centre
ICOB	Integrated Commissioning Officers Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFP	Integrated Financial Plan
IFR	Individual Funding Requests
LCFS	Local Counter Fraud Specialist
MH & LD	Mental Health and Learning Disabilities
MHIS	Mental Health Investment Standard
MoU	Memorandum of Understanding
NAO	National Audit Office
NECS	North of England Commissioning Support
NHSE	NHS England
PBR	Payment by Results
PCCC	Primary Care Commissioning Committee
PHB	Personal Health Budget
QDG	Quality Delivery Group
QIPP	Quality Innovation Productivity and Prevention
SAR	Subject Access Request
SEND	Special Educational Needs and Disability
SI	Serious Incident
SOPs	Standard Operating Procedures
SRT	Self Review Tool
ToR	Terms of Reference
VFM	Value for Money